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A MONTHLY JOURNAL OF MEDICINE, SURGERY AND THE ALLIED SCIENCES

J. F. T. JENKINS, C. M., M. D., Etc., Editor.

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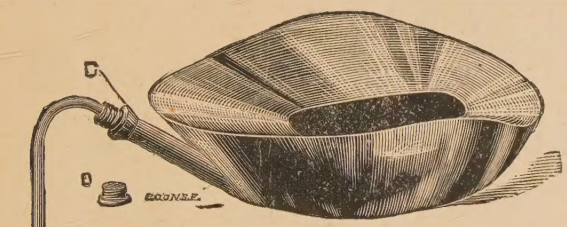

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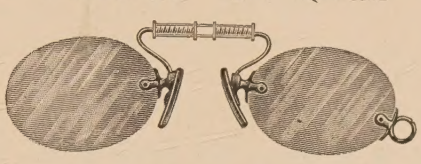

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The Alkaline Treatment of Diabetes.

BY DR. FRANCIS F. ROWLAND,
PASADENA, CAL.

It is not my intention to discuss a disease and its treatment from the standpoint of one who has made an original discovery either in its history, cause or pathological conditions, but rather to speak of an old malady, and call the attention of the members of this society to a plan of treatment which was suggested to me at first by a member of the laity, who had a friend afflicted with diabetes mellitus, whose case together with one occuring in my own practice, I will report in this connection.

Diabetes, as is well known, is a disease more or less chronic in its character, and as a rule is readily diagnosed by a persistent presence of sugar in the urine. It is accompanied by hunger, thirst and wasting of the tissues, and unless relieved invariably terminates in death.

Of course there are conditions where considerable quantities of sugar are present in the urine, yet true diabetes is not the cause of the sickness, but only an abnormal condition known as glycosuria, which is characterized by the occasional appearance of sugar.

It must not be forgotten that grape sugar, and a substance resembling it, called glycogen, are found in the healthy human body either separately or together. These substances have been discovered in the blood as well as in the liver, but never during a state of health in the urine. It is not positively known where its combustion or oxidation takes place; but it is certain that sugar does become overabundant in the blood, either by over-production or from diminished consumption. I am inclined to think that the latter condition exists in diabetes, since a patiently rarely discovers that he or she craves food containing more sugar or sugar-making material than a person in health, until possibly a rigid anti-diabetic diet has been prescribed.

Diminished consumption of sugar in the body must depend upon causes which are in our present knowledge unknown; but probably in a general way may be attributed to such an alteration of nerve-influence as will com-

pletely modify the relative proportions of the sugar produced and the sugar destroyed.

The kidneys offer the most available means of egress of sugar from the body, when there is an excess of it in the blood, but they are not the only outlet, since it is found in almost every one of the secretions and excretions.

Just why there should be an increased flow of urine (though this is not always present) has never been determined; the same thing happens in Polyuria, and not a trace of sugar is found.

The etiology of the disease must still be in a state of uncertainty, on account of the lack of any known cause.

Heredity is acknowledged, also that men are more liable to the malady than women. The exciting causes also have been noticed frequently enough to attach some certainty to them, as being features to which to attach some importance, such as injuries and diseases of the brain and mental excitement produced by worry. Tumours of the brain have been noticed in connection with diabetes, which has terminated fatally. Certain errors of diet, excessive use of sugar and other hydrocarbons, are liable to originate the disease, especially in those who have any hereditary tendency to it.

It is claimed by some authors that the Jews are more often afflicted with diabetes than other nationalities, on dietetic grounds.

A long list of pathological conditions has been recorded by various writers on diabetes; but after all, little is known of its real pathology. The general tendency is to look to the nervous system, and the liver for the pathological changes to explain the theory of the origin of the disease. It It is pretty certain that the liver does show marked deviations from health, as it was generally found by Rokitansky, enlarged, hyperæmic and hard, of a dark brown color, with its acini imperfectly defined: when the disease has lasted a long time it may be smaller than natural.

The pancreas also, in the majority of the cases observed by the same author, was scarcely recognizable. The kidneys were frequently diseased, but the changes were never uniform.

The lungs are nearly always the seat of great mischief. In two or three cases occurring in my own practice, I have noticed marked destruction of lung tissues. The changes included all stages, from acute or chronic pneumonia, to the formation of numerous cavities and gangrene.

The bowels and stomach in one case I recall suffered intensely; diarrhœa of a most intractable character frequently supervened, which produced a disastrous effect upon the powers of assimilation. I will not speak of the symptoms of diabetes further, except to refer to a few, because they point to the condition of the blood, which the plan of treatment given in this paper is expected to relieve.

In an advanced case there is a voracious appetite for starchy articles of food, for which the patient will sometimes lie, steal, or do anything to gain that which he craves, viz., sugar or its equivalent.

The characteristic feature leading to a correct diagnosis is, of course, the sugar to be found in the urine in notable quantities.

This symptom is very marked when sugar or starchy materials are ingested.

Sometimes small quantities of sugar may be passed after an ordinary meal; but disappear entirely when a meat diet is enforced.

The sugar thus excreted is of a kind called dextrose. The specific gravity varies from 1030-1070 according to the amount of sugar passed.

The urine is invariably acid, consequently causing much distress to females, being highly irritating to raw and swollen parts. The buccal fluid is also acid instead of alkaline.

The prognosis in a confirmed case of diabetes, according to all the authorities, is ever unfavorable. A perfect cure is rare. Amelioration is not of long duration. Diabetes produced as a sequence to injury to the brain is more likely to do well, than when it has been more gradually developed. The younger the patient with well marked symptoms, the worse the prognosis.

The only true test of recovery is the return of powers of digestion to assimilate ordinary food with impunity.

Treatment: Though we are still in ignorance of the true causes of diabetes, yet when we come to treat it we are met by two prominent features, which, as we have seen, are always present in every case where there has been left no doubt as to kind of disease we have to contend with, viz., that sugar is found in appreciable quantities, and the blood is always acid, as well as other elements of the system, which should be alkaline. This latter condition I believe is the one to which a scientific treatment, if possible, should be directed. Though the treatment by alkalies, as exemplified in the cases which I will report, is not a new one, I am not cognizant of the plan having been carried to the extent of saturating the system with the remedy, as appeared to have been successfully done in one case at least.

All agree that the diet should be carefully guarded, in order to gain the best results under any plan of treatment, that therefore meat should be the main constituent of the patient's food, and that starch, cane and grape sugar, as well as the substances containing them, should be avoided.

I will not detail the long list of vegetables which can be used, and those which must be avoided, as the physician's ingenuity will be taxed to the utmost in meeting the requirements of each individual case. In a general way, the green portions of nearly all vegetables may be used.

Hygienic measures are always beneficial, plenty of exercise, walking, horse-back riding (neither of them to be carried to the point of fatigue), the warm bath, massage. The latter as will be seen was practiced systematically in one of the cases to be reported. Flannels frequently changed should be worn.

Medical treatment must from past experience be considered as secondary to dieting.

Opium has been lauded by enthusiasts for the good results obtained from its use; but if there ever was a drug given empirically in any disease, certainly it must be conceded to be the case with opium in diabetes, since there is no unanimity of opinion as to the mode in which it acts, and its apparent effects are most discordant.

Dr. Pavy, of Guy's Hospital, London, whom I had the good fortune to follow among his patients in one of the wards in that great hospital, set apart for diabetic cases, had about

that time, 1870–71, called the attention of the profession to the use of Codeia, it being, as Dr. Pavy claimed, the influential ingredient in the raw opium. Great was his faith in the drug; but greater still was his faith in the diet, as many a poor fellow discovered to his sorrow, when, after the Interne's report, there appeared to be an increase in the amount of sugar; when under a severe cross-examination, the self-accused invalid acknowledged that some kind friend had brought an orange, or other toothsome and forbidden article, which had been eaten and enjoyed; he was ordered to leave the hospital immediately.

Now since the administration of an alkali in small doses has been claimed to reduce the amount of sugar in the urine, it will be noticed that in the two following cases, the bi-carbonate of soda was given in as large doses as the system would bear. The first case has the accompanying history, which I procured from an intimate friend and business associate of the sick man. Though being reported by one of the laity, its narration was so striking, that it made an impression upon me, which has had the effect to influence me favorably toward making a trial of the same method.

Mr. S., æt. 55, married, had been engaged in the grain commission and elevator business in Kansas City for several years, and up to the time of the attack was a man of remarkably fine physique and regular habits. About 3 years since he began ailing, not knowing what was the matter, except that one of his knees became lame, and that he had lost flesh very rapidly, falling from 190 to 127 pounds in a few months.

After several months' treatment under the care of a Dr. Jackson of Kansas City (since deceased), his physician finally told him that it was a clear case of Diabetes; and he could not hope to live very long,—a few months at the longest. At the solicitation of the patient a consultation was held, and after thoroughly considering his case, they coincided in the opinion given by Dr. Jackson.

He then went East hoping to get some relief; visited several springs; afterward came to California, and when in San Francisco, consulted some of the most noted physicians there, who gave substantially the same opinion, only giving him a still shorter time to live.

He returned to Kansas City in despair, and as a last hope, procured and read everything he could hear of, that bore on his complaint, and came across what he calls the Alkali treatment, (which, it appears, had not been tried to any great extent,) based upon the theory that diabetes is not a disease of the kidneys, but rather a condition of them, due to the lack of alkali in the blood. He then pursued substantially the following course of treatment. He began by taking a ½ teaspoonful of bi-carb. Soda before each meal and before going to bed at night, and if the stomach did not rebel, he increased the dose to a ⅔ or a full teaspoonful. He also took ½ pint lime water daily, diluting it with his drinking water, and abstained from drinking water or other liquids between meals, as far as possible. Vichy water was used in preference to other natural mineral waters. He adhered rigidly to a diet free from any form of sugar, or starch, bread or flour in any form, or potatoes, or

other vegetables carrying any amount of starch. Also abstained from all kinds of wine and malt liquors.

He employed a masseur, who came every morning, and rubbed him just as long as he could stand it. This treatment was followed faithfully for six weeks, or two months, with no change in his weight, but a little better rest at night, and a gradual diminution of sugar in the urine, till a normal condition was reached. He still continued the same diet for a number of weeks, and then began eating and drinking whatever he wished, but continued the soda in decreasing doses. In a remarkably short time, he gained his original weight, and has kept it ever since. He now looks like a very healthy man, and thinks that he is as strong and well as he ever was in his life.

The second case is that of a lady, the wife of a clergyman, æt. 63, has had four children, and about 7 years ago was told that she had diabetes, and was placed under the ordinary treatment, but never used alkalies, except to a slight extent in alkaline waters she was permitted to use.

She had great bodily weakness and inordinate thirst. Lost weight from 180 to 115 pounds, passed large quantities of urine daily.

After being treated by her family physician on Long Island, N. Y., for several months, she was induced to place herself under the care of Dr. Donahue of Newark, New Jersey. She pursued his treatment for a long time, and apparently improved.

Early in the spring of the present year, she in company with her husband visited California, and spent several weeks in Pasadena, during which time I occasionally prescribed for her, but never attempted any systematic course, owing to the fact that much of the time was given up to travel, which precluded any chance of following a rigid anti-diabetic diet.

When I examined the urine, the sp. Grav. was 1040, and according to Fehling's test sugar was unmistakably present in large quantities.

No quantitative analysis was made by me. The well recognized symptoms of diabetes were present. Having been impressed with history of the first case, I at once explained to the patient and her husband, what I hoped to accomplish by having the Alkali treatment adopted.

She readily acquiesced, and at once began taking soda bicarbonate; in less than one week the specified gravity dropped to 1030, with a corresponding increase in her general health. The soda was given at first in ⅓ teaspoonful doses, increasing to a half teaspoonful in about two weeks, gradually shading the dose down, if the stomach showed signs of rebelling. This treatment was continued until she returned East, with promise on the part of the patient to continue the same treatment.

During the past summer I heard very frequently from her, and always the most favorable reports came as to the improvement in her general condition. She is able to do much more work in looking after the affairs of her household with less fatigue, and felt well satisfied, that the soda was a saving clause toward permitting her to take a new lease of life; though she did not follow then, nor does she now, the strict rules she was asked to.

At this time the patient is living in Pasadena under my care, much im-

proved in health, passing about the normal amount of urine daily, though it still contains an appreciable quantity of sugar. The soda treatment is continued with only, a partial attempt at following an anti-diabetic diet. I feel certain, that if we could obtain a rigid adherence to the diet, that it, in connection with an equable climate, and the soda treatment would be followed by as happy a result as in the first case.

I have now hurriedly referred to a plan of treatment, which has appeared to me to give some faint hope, that if not a perfect cure, it surely offers some encouragement to both patient and physician for a trial at least.

If the *acid* condition of the blood which, acting upon the nervous supply to organs which play an important part in the economy, either in preventing an increased supply of sugar, or assist in its combustion, is the cause of the appearance of sugar in the urine and other excretions, then why not combat the trouble upon purely chemical grounds, and alter that condition by saturating the system with Alkalies or until, as in case No. 1, a cure has been established.

Tendon Suture.

BY W. H. FALES, M. D.

As there is little found in the "books" on this subject, I venture to place before the profession the results of, and methods employed in, a series of thirty-eight cases requiring the suture of one or more tendons.

As the minute details of each case are not pertinent, I have roughly classified them in two groups of fifteen and twenty-three respectively; the method of treatment being the basis division.

In the first group the tendons were sutured with silk, silver or lead wire, cat or silk-worm gut,—the tendon being split after Czerny's method, if there were much loss of substance. The skin wound was closed when practicable, and a splint applied according to the exigencies of each case.

If possible the dressing was allowed to remain unchanged until about the tenth day, at which time, if the injury to the soft parts permitted, motion, at first passive, was encouraged.

The ultimate results were far from flattering, for although eleven experienced temporary benefit, it was permanent in but three. In these three, which were all simple incised wounds, the tendons were as serviceable as before the injury; in six there was decided loss of power, in two separation of the cut ends, and four received no benefit at all. These last six, with one exception, were accompanied by more or less extensive laceration, underwent a secondary operation, and are included under the second series.

In the second group, comprising twenty-three cases, a practically routine treatment was adopted. This consisted in (1) suturing the tendons with as coarse chromicised cat-gut as could be used, (2) employing a round needle in order to avoid cutting any of the fibres of the tendon, (3) introducing it at some little distance from the divided ends, for the purpose of reducing to a minimum, the chance of the sutures pulling out, (4) not splitting the tendon in any instance, but relying on the suture to act as a kind of bridge or trellis for the newly forming tissue, (5) closing the skin wound immediately, or after thorough irrigation and

cleaning in case there was much laceration, (6) fitting a splint in such a way that the muscles of the cut tendons were forcibly relaxed,—if the flexor tendons were involved, the limb would be put up in a position of extreme flexion,—(7) applying a bandage as tightly as the patient could endure it, from the extremity of the limb to the first joint above the injury, for the purpose of allaying and controlling muscular spasm, (8) removing the dressing at about the eighteenth day, and allowing a gradual return to the customary use of the limb.

In but one instance was there other than a good result. In this from the nature of the injury, viz., a clean cut through the hand, severing flexors, extensors and metacarpal of the little finger,—it was impossible to put the hand up otherwise than on a straight splint. This case was discharged with sound flexors, but decided weakness in the extensors.

The position of the limb and the length of time motion was controlled, constitute the differences in the treatment of the two series of cases, and the results obtained would seem to justify them.

The forcible relaxation of the muscles hardly requires a reason, and the length of time allowed for union to take place would seem to find a parallel in the treatment of other tissues, whose blood supply is relatively small, and speed of repair correspondingly slow. The results of the second series suggest the query, whether a secondary operation on the tendon may not be advisable in those cases where their division is accompanied by much loss of substance or laceration. Five of the six cases requiring a second operation were of this nature, and all made a good recovery, in spite of the dissection necessary to isolate and identify the tendons.

The possibility of adhesions naturally suggests itself in connection with the length of time the splint is retained. This complication arose, but only to a slight degree, in three of the twenty-three cases, and in each instance was relieved by the personal efforts of the patient.

MEDICINE.

J. H Seymour, M. D., and J. F. T. Jenkins, M. D.

Methylene-blue for Filaria Sanguinis Hominis, with Chyluria.

Flint (*N. Y. Med. Journal, June 15th, 1895*) has reported the case of a well-developed colored man, twenty-two years old, born in the West Indies, engaged as a bar-porter, and residing in the United States for ten months, who presented himself with headache, pain in the sacral region, slight elevation of temperature, and a history of rapid emaciation and muscular weakness. The urine looked like rich milk, being perfectly opaque, with no tendency to precipitation. Its specific gravity was found to be 1014, its reaction acid. After filtration approximately 2 per cent. of albumin was found present, but no sugar. Upon agitation with ether, the urine became perfectly clear. Microscopic examination disclosed the presence of a large quantity of finely divided fat-globules, chyle-corpuscles, and a considerable quantity of apparently broken-down matter. No casts were discovered, but there were a few blood corpuscles. Examination of blood removed from the right ear at 12:30 a.m. disclosed the presence of

embryonic filariæ. The patient was given two grains of methylene-blue at intervals of four hours, and on the following night the number of filariæ was found diminished, their movements sluggish, and their bodies, as well as the blood-plasma, to some extent stained blue. The urine lost its milky and turbid appearance, and became perfectly transparent, although deeply stained a characteristic greenish-blue. The treatment was then discontinued, but the urine became milky, and contained filariæ. The patient was again given methylene-blue, and three days later dead and partially disintegrated filariæ were found in the blood, deeply stained with blue. Treatment was discontinued at the expiration of five days, and no further symptoms appeared. Reference is made to the successful use of methylene-blue in the treatment of cases of gonorrhœa, as well as malarial fever.—*Med. News.*

Rational Treatment of Erysipelas.

Dr. Carl Engel (*Med. Record*, July 6, 1895) reports a severe case of facial erysipelas, in a patient of intemperate habits, treated in the following manner. He first ordered his face painted with a solution of four and a-half grains of corrosive sublimate in an ounce of glycerine, and had this covered by cold, wet, 1 to 1000 corrosive sublimate gauze. He then applied a rubber bandage around the head just above the eyes, waited a few minutes and, after removing the tourniquet, pasted adhesive plaster, one quarter of an inch wide, in its place. He has yet to see the case where the inflammation will overrun this line. He employed the same procedure at the temples. Ten grains of sulfonal were given each night. The wet pack was continuously employed for four days, when, the cheeks looking dusky and the nose more natural, a carbolic acid solution, 1 to 20, was substituted for the corrosive sublimate, and his ears plugged with cotton soaked in carbolic oil, 1 to 40. On the sixth day patient was much improved; swelling of face down, ears better. Painted face with 1 to 40 carbolized oil. Several abscesses developed, which were lanced, and iodoform gauze strips introduced. Sulfonal and chloralamid were employed for the night, besides the following:

℞ Acetanilide, gr. xx.
Quinine, gr. iv.
M. ft. pulv. Chart iv.
Sig. one powder every 3 hours.

No iron was given. The cold, wet compresses were very grateful to the patient.

The Treatment of Uric-acid Gravel.

Dr. Vaughan Harley (*British Med. Journal*) states that the treatment takes two directions, according as we desire to increase the solubility or decrease the amount of uric acid formed. In the majority of cases uric acid deposits are due to an increased tendency to precipitation, and not to excessive formation. In cases due to an increased tendency to precipitation drugs which help to hold uric acid in solution should be given.

Piperazin has been found to be of service in those cases in which gravel has been due to diminished solvents and not to excessive formation, but it has no action whatever on the quantity of uric acid daily formed in the organism. In such cases it should be given with alkalies, such as the alkaline waters or potassium bicarbonate, com-

bined with the iodides, and the alkalies should be given at bedtime. Here the diet is not of so much importance except in favor of salines and vegetables. If there is excessive formation, a carbohydrate diet is the most useful. Starch, sugar and vegetables should, therefore, be the staple diet, and meat and fish in only small quantities. Sugar does not cause an increase of uric acid, but alcohol does, and therefore should be prohibited. Quinine and arsenic decrease the quantity of uric acid, because they diminish the quantity of leucocytes, and therefore, in cases where gravel is due to excessive formation of uric acid, they are most valuable.

While moderate muscular exercise is of service, excessive exercise is harmful. In cases of excessive formation, although alkalies are of some assistance, they, like piperazin, are of only secondary importance by increasing the solubility of the uric acid formed.—*The Amer. Journal of the Med. Sciences.*

Fatal Cerebellar Hemorrhage in a Young Woman, with Glycosuria.

Oliver (*Lancet, No. 3742, p. 1237*) has reported the case of a woman, nineteen years old, who, while apparently in good health, suddenly lost consciousness. The pupils were contracted and equal, and did not react to light, and there was no paralysis. The pulse was 22 and the respirations 10 per minute. No cardiac murmurs were detected, and there was no peculiar odor of the breath, and no evidence of poisoning. The urine was withdrawn by catheter and contained no albumen, but a large quantity of sugar. Despite active treatment death ensued thirteen hours after the first symptoms. Upon post-mortem examination the only lesion found was a blood-clot in the middle lobe of the cerebellum. The superior surface, and the posterior surface adjoining the inferior surface of the middle lobe were lacerated, exposing the clot, which was found to extend across the center of the organ, approaching quite close to the surface of either side, and splitting the cerebellum into an upper and lower layer, though there was no evidence of a new growth.—*Med. News.*

SURGERY.

W. ALLAN, M. B., C. M.

Gastrotomy in Cicatricial Stricture of the Œsophagus—Witzel's Method.

After the stomach is exposed, it is grasped by the fingers, and a portion of its anterior wall as large as the palm of the hand is pulled out of the wound, and packed around with moist warm sterilized gauze. The surgeon then opens the stomach, selecting a spot near the lesser curvature free from vessels, and making his incision of about ¼ inch in length. He has in readiness about two feet of red rubber tubing of the diameter of a drawing pencil, and slips an inch of it into the stomach through the incision which it accurately plugs. Should there be any excessive bleeding it may be arrested with the cat-gut suture which serves to fix the tube provisionally. Care must be taken to wipe up any escape of fluid from the stomach. The tube, which hangs across towards the greater curvature has now to be secured in position, and a species of artificial œsophagus formed. This is managed by the surgeon raising a fold of stomach on each side of

the rubber tube with a series of interrupted Lembert sutures, bringing the apices of the folds together when the sutures are tied, and so burying the tube for a couple of inches of its length under the folds. Two or three similar sutures beyond the sunk extremity of the tube effectually shut off the new œsophagus from the peritoneal cavity at the farther end. A little sterilized iodoform is rubbed over the stitches, and a second similar series of sutures is put in over the first, to promote the efficient union of the serous surfaces over the tube. The stomach should now be returned and secured to the abdominal wall. Before returning it, a few loose sutures may be passed through the folds and outer portion of stomach wall at the free extremity of the rubber tube, and on replacing the stomach these loose sutures are employed in fixing it to the abdominal wound, which may now be closed. The surgeon there and then attaches a funnel to the rubber tube and runs in as much food as he thinks necessary. The whole operation may be easily completed within thirty minutes. The result obtained is most gratifying. The patient speedily learns to feed himself, and there is not the slightest fear of any regurgitation of food through the wound, since the tortuosity of the new channel, and the valve-like action brought about by the contraction of the stomach entirely preclude any such possibility. The tube should be removed once a month. Should the œsophagus again regain its functions, it is noteworthy that on withdrawal of the tube there is never any outflow of fluid, and the fistula rapidly heals.

The autopsy in cases examined several months after the operation has shown that the new canal gradually shortens, straightens, and its walls becomes thicker. The inner extremity is found guarded by a funnel-shaped arrangement of concentric folds of mucous membrane, or it projects inwards something like the ileo-caecal valve or entrance of the ureters, thus presenting an efficient valvular defence against escape of the stomach contents.

Treatment of Fractured Femur by Suture.

Walther (*Rev. de Chir.*) has recently communicated to the Societe de Chirurgie of Paris the case of a man, who in falling from a wagon received a severe injury to the knee. The lower end of the femur was broken into three fragments, and the tibia was displaced backwards. The internal condyle remained attached to the tibia, and had been carried backwards with the head of this bone. Walther, finding that the reduction and coaptation of the fragments of the femur would be attended with much difficulty, opened the knee by a long incision on the antero-internal aspect of the joint, placed the osseous fragments in contact and in their normal relations, and fixed them together by sutures. The patient made a good recovery. Twelve months after the operation the knee was still slightly swollen, and the injured limb a little shorter than the other, but the patella was movable, and the leg could be freely flexed and extended by the patient, who was able to walk without difficulty, and to follow his occupation of floor making. The result, the author holds, is certainly far superior to what would have been obtained by practicing the ordinary treatment of fracture.

Trendelenburg's Operation for Varix of the Leg.

This operation is based on the fact, established chiefly by Trendelenburg's investigations, that the primary cause of the varix is insufficiency of the valves of the veins, whereby the weight of the blood column in the saphena is thrown on the peripheral vessels. It consists in ligature of the saphena in the upper part of the thigh. G. Perthes (*Deut. med. Woch.*) reports 41 cases thus treated, of which 32 were permanently cured. Relapse having been traced in several cases to renewed permeability of the ligatured vein, the rule is now, instead of simply tying the saphena, to excise a short portion. The results are stated to be surprisingly good, and the proceeding has over Madelung's extirpation of the varices the advantage of simplicity and ease of performance.

Treatment of Bone Cavities in the Shaft of the Tibia.

Ercole (*Archiv. di Ortop*) has practiced with success a new method of treatment for the cavities left after the removal of a sequestrum. The principle consists simply in removing the lateral parietes, and in reducing the superior and inferior extremity of the cavity to an inclined plane, so as to render plane the surface which was before concave, the greatest care being taken to preserve as much periosteum as possible. The periosteum is afterwards sutured together, and a careful dressing applied, so as to exercise a graduated pressure on the parts. By this new method a mere linear osteoperiosteal wound is substituted for a large open surface. In four out of six cases recorded union occurred by first intention in from 15 to 20 days; in the other two cases which were complicated by numerous old scars and fistulous tracts, union occurred by second intention in 54 and 65 days respectively. The posterior lamina of the tibia left is quite strong enough to support the limb, and all the more so since in these cases the bone is generally enlarged.

ORTHOPEDIC SURGERY.

W. H. FALES, A. B., M. D.

The Treatment of Tubercular Abscess.

William J. Taylor, M. D. (*Annals of Surgery, July, 1895*) advises that this trouble be treated on true surgical principles, viz., free incision, thorough curetting of the walls of the abscess cavity while the wound is being flushed with plain, boiled, sterile water and then complete closure of the skin wound without drainage. Twelve to twenty-four hours before the operation the surface of the abscess is rendered aseptic by (1) washing well with green soap and nail-brush, (2) using ether to remove all oil from the skin, (3) applying a sterile dressing wet with a 1 to 2000 solution of bichloride of mercury, which is allowed to remain in contact with the skin until the patient is under the anæsthetic. A free incision is made into the abscess, its walls thoroughly curetted with a Volkmann spoon and also with a mass of sterile gauze held in a pair of forceps. During all this time a stream of plain, boiled water should be kept flowing into the wound, washing out broken granulations, etc. After the cavity is thoroughly cleaned out, it is mopped dry and closed with silk-worm gut sutures. No drainage should be em-

ployed except in cases where it has been impossible to apply the curette to all parts of the cavity, and even then it should only be kept up for the first twenty-four hours, owing to the tendency of drainage tubes toward sinus formation.

Primary union may be expected in a large proportion of cases, and even if this be not secured the abscess is thoroughly cleaned and the healing process is allowed to proceed much more rapidly.

Clothing and Deformity.

Dr. Noble Smith, in a paper read before a branch of the British Medical Association, calls attention to the fact that of the various factors productive of deformity in the child none is so potent and at the same time so unsuspected as clothing. As the result of the out-cry against tight belts and garters the pendulum of fashion has swung to the opposite extreme, and at present all clothing is suspended from the shoulders. This he deprecates, claiming that the hips should play a by no means subordinate part in the support of the garments.

Section of the Tibia for Relief of Inversion.

Dr. R. L. Swan, F. R. C. S. I., in inversion of equino-varus advises section of the tibia at the junction of its middle and lower thirds, with rotation outwards of the lower fragment on its long axis. The external malleolus is thrown backwards, carrying with it the foot which remains in its normal position. Within the last six months he has performed the operation a number of times with uniform satisfaction.

DISEASES OF THE EYE.

A. L. Macleish, M. A., M. D.

Causes of Failure of Iridectomy to Relieve Glaucoma.—A New Operation for Glaucoma.

Treacher Collins (*Lancet*) finds that the commonest cause of failure is the non-removal of the iris to the extreme periphery, so that the filtration area is still blocked. In glaucoma of long standing the periphery of the iris becomes absolutely adherent to the cornea, so that when drawn upon in performing iridectomy, the tissue tears at the limit of the adherent part, instead of at its junction with the ciliary body; consequently the filtration area is not opened up. Again, even when the iris is removed to its periphery, prolapse or adhesion of the ciliary processes or of the lens-capsule to the wound may occur, effectually blocking the filtration area. The liability to this is greatest when the incision is unduly peripheral. It may be guarded against by a preliminary sclerotomy, done with a view to the reduction of the tension in the vitreous chamber. But the prime necessity is that iridectomy be performed early in chronic glaucoma, while the filtration area is still accessible, and that the iris be absolutely detached from its periphery along the whole length of the wound.

Taking the same view as to the essential features of a successful operation for glaucoma, De Wecker (*Trans. Internat. Ophth. Congress*, Edinburgh, 1894) now performs, instead of the "simple sclerotomy," which he so long advocated, a "combined sclerotomy" or operative iridodialysis; for, as he says, "the ideal operation in glaucoma is evidently a large scleral incision, combined

with iridodialysis running the whole length of the cicatrix formed in the trabecular pericorneal tissue." Making an incision 6mm.long, 1mm. distant from the transparent corneal border, and allowing the aqueous to drain off very slowly, so as to avoid prolapse of the iris, he seizes the iris close to its periphery by means of delicate, round-pointed forceps, and pushes it toward the center of the cornea, in such a way as to detach it freely from its ciliary base along the whole extent of the wound, thus producing an iridodialysis. The forceps are withdrawn with blades *open*, and no iris tissue is excised.

Cheap Smoked Glasses.

Dr. R. H. Satterlee calls attention (*Buffalo Med and Surg. Journal*, June, 1895) to the cheap smoked glass as a frequent source of eyestrain. The cheap American imitation of the French coquilles, (shell-shaped spectacles,—"coquilles" is also used colloquially for "trash,") has usually the concave surface of a greater curvature that the convex, the result being a negative meniscus, which acts precisely as a concave lens, as can readily be proved by the ordinary tests of observing the apparent movements of objects, when the glass is moved to and fro, and from side to side. Imperfections in curvature, and flaws in the glass cause distortion of objects, which can be detected by rotating the glass in the axis of vision. (A pair examined lately by the reporter were practically equivalent to —0.5D cylinders.) The majority of people wearing smoked glasses are far sighted. Wearing these curved American nearsighted glasses brings the accommodation into abnormal action, creating all sorts of reflex nervous disturbances, and may even permanently impair vision. The smoked or tinted glasses with plain surfaces are cheap, and do no harm whatever to the eyes (when not too dark.) This kind should always be preferred, if properly made coquilles cannot be obtained.

Disastrous Results from Probing and Injecting the Lacrimal Canal.

Two cases published recently in the *Annales d'Oculistique* (Nov. 1894 and Mar. 1895) enforce the necessity of care in the treatment of strictures of the lacrimal canal. In a case of chronic dakryocystitis of the left side, Leplat, after gently introducing a No. 2 Bowman's probe for two-thirds of the length of the canal, without causing hæmorrhage, injected a solution of alum at the same sitting, part at least of which passed by the nostril. As he was manipulating the syringe a sudden movement on the part of the nervous patient jerked it violently out of place. A dusky spot beneath the left eye, severe pain in the left side of the face and head, and a feeling of great weakness followed forthwith. An acute attack of erysipelas of the left side of the face speedily set in, followed by unmistakable signs of meningitis, from which the patient died on the seventh day after the probing and injection. The dusky spot beneath the eye, which appeared shortly after the injection, was visible to the end. Eyelids, eyeball, orbit and nasal mucous membrane were uninvolved.

Commenting on this case in the *Ophthalmic Review* of May last, Mr. N. M. MacLehose points out that Gur-

witsch has found that in 9.5 per cent. of the cases which he examined the vein of the lacrimal sac penetrated into the orbit, and opened directly into the superior ophthalmic vein; so that it is easy to see how a laceration of the canal in the neighborhood of the sac may permit infectious germs to pass with the injected fluid into the cellular tissue, and thence to the cavernous sinus.

The moral of the case is that, even when the probing is done *secundum artem*, no injection whatever should be made at the same sitting. Ordinary surgical principles should have sufficed to indicate the unsuitableness of an alum injection as an adjunct to dilatation of a stricture; but perhaps it needed this fatal result to emphasize the dangers of the procedure. *Festina lente.*

Another case of disaster is reported by VALUDE. A patient presented himself at his clinic, who, seven days previously had, on account of epiphora, had the canal forcibly probed at a neighboring clinic, probably with the formation of a false passage; at any rate violent pain, much swelling and pronounced ecchymosis had resulted. The patient, when seen by Valude complained of failing sight on the same side. During the subsequent fortnight there was slight proptosis, with swelling of the lids and indefinite pains in eyes and orbit, and evident ophthalmoscopic signs of acute retrobulbar neuritis. The case ended in complete atrophy of the nerve-head and absolute blindness of the eye. Evidently the tearing of the mucous membrane had, by communicated infection, given rise to a circumscribed orbital cellulitis, which involved the optic nerve and led to its atrophy.

Phlyctænular Ophthalmia.

The April issue of *International Clinics* contains an excellent clinical lecture by DR. HENRY DICKSON BRUNS of the New Orleans Polyclinic on Phlyctænular Ophthalmia, to which the special attention of our readers ought to be called. The pathogeny of the affection is set forth with admirable lucidity. Regarding treatment Dr. Bruns holds, (and this coincides with reporter's convictions), that it must be by mercury, "externally, internally and eternally." Atropine is of effect only where iritic symptoms supervene from excessive irritation of the cornea. Hot fomentations are often very soothing. Mercury, however, is the sheet anchor of treatment. It is to be applied locally in the form of triturated calomel flicked into the eye, where there is little vascularity, or of Pagenstecher's ointment, (2 gr. of yellow oxide to 1 drachm of albolene,) where there is much irritation. Internally, small doses of bichloride, (1-40th gr. to 1-36th gr.) twice or thrice a day, promote retrograde metamorphosis and the elimination of effete products,—functions which are so ill performed in scrofulous subjects. The classical treatment with ferruginous tonics and cod-liver-oil often does little more than impair the digestion and assimilation, which are not so much at fault in this diathesis. Mercury, continued persistently in these minute doses, has always a marvelous effect in replacing the elderly, decrepit cells by a young and vigorous generation; so that thin and pale children become stout and rosy, fat and flabby ones become firm and vigorous. Dr. Bruns concludes by declaring that a long clinical experience with the scrofulous enables

him to commend this use of mercury more unhesitatingly, perhaps, than he can the use of any single drug in any other single condition of disease.

DISEASES OF EAR, NOSE AND THROAT.

E. W. FLEMING, M. D.

Micro-Organisms in the Healthy Nose.

After investigating the bacteriology of the nose in a state of health, Dr. St. Clair Thomson and Dr. R. T. Hewlett, *Royal Med. and Chirurgical Soc. Trans.*, arrive at results in direct opposition to the prevailing idea that the nasal fossæ swarm with micro-organisms. The method of examination adopted by the authors was that of cultivations in agar and cover-glass preparations stained with gentian-violet. No attempt was made to differentiate the organisms met with. This research only dealt with the presence or absence of bacteria, and a simple method was adopted to insure uniformity of comparison. Thirteen healthy individuals were examined. Twenty-seven cultures and fourteen cover-glass preparations were made from the vestibule of the nose. Seventy-six cultures and thirty cover-glass preparations were made from the mucous membrane of the nasal cavity. The results were summarized as follows: (1.) In all bacterioscopic investigations of the nasal fossæ, in all researches as to the action of nasal mucus, etc., a clear distinction must be made between the vestibule of the nose and the proper mucous cavity. The former is lined with skin, and is furnished with hairs and with sudoriparous and sebaceous glands; it is not part of the nose cavity proper, but only leads to it. (2.) The neglect of this distinction may account for the discrepancy in previous observations on the subject. Contamination with the lining of the vestibule is difficult to avoid, even when this source of error has been realized. (3.) In the dust and crusts of mucus and debris deposited among the vibrissae of healthy subjects micro-organisms are never absent. They are rarely scanty in number; as a rule they are abundant. (4.) On the Schneiderian membrane the reverse is the case. The authors do not assert that micro-organisms are completely absent; obviously some must occasionally occur, but, under normal conditions, they are never plentiful; they are rarely even numerous, and in more than 80 per cent. of their observations no organisms whatever were found, and the mucus was completely sterile. (5.) The occurrence of pathogenic organisms must be so infrequent, that their presence on the Schneiderian membrane can only be regarded as quite exceptional. Clinical experience bore out the above conclusions, and their application in practice was sufficiently obvious.

Digital Examination of the Naso-pharynx.

In making a digital examination of the naso-pharynx, it is advisable to do it as rapidly and as carefully as possible. To avoid being bitten, in case the child struggle, the proximal part of the examining finger should be protected by a broad rubber band or other form of finger-guard. If the finger be at once introduced behind the uvula, considerable difficulty may be encountered in reaching the cavity above. It is well, therefore, to follow Dr. Greville MacDonald's suggestion,

which is, to first rapidly thrust the right index finger on to the posterior wall of the pharynx, directly behind the right posterior pillar of the fauces, when the finger, on being rotated upward, will easily pass behind the velum.

Pilocarpin in Diseases of the Middle Ear and Labyrinth.

SCHIRMUNSKY, St. Petersburg, (*Brit. Med. Jour.*, June 22, '95) summarizes the results which he has obtained by hypodermic injections of pilocarpin in affections of the middle ear and labyrinth: (1) The injections act only in the early stage of labyrinthine affections, whatever be their origin—syphilitic, traumatic, or secondary—and the earlier in the process the treatment is begun, the more effectual it is. (2) In inveterate disorders of the labyrinth, and in dry catarrh of the middle ear, pilocarpin whether injected subcutaneously, or directly into the tympanic cavity, has no effect.

The Lingual Tonsil.

Normally there exists on the dorsum of the tongue, behind the circumvallate papillæ and in front of the attachment of the epiglottis, a layer of lymphoid tissue, analogous in structure to the lymphoid constituents of the tonsil proper, and designated Lingual Tonsil. This deposit of lymphoid tissue has been described as the connecting link to the circle of lymphoid tissue surrounding the faucial isthmus; the pharyngeal tonsil forming the upper portion of the circle, the faucial tonsils its sides, the lingual tonsil completing the circle.

KRONENBERG, (*Berliner Klinik*, rep. in *Brit. Med. Jour.*, Jan. 1st, '95) says the commonest affection of the lingual tonsil is hyperplasia. Among the symptoms he describes "globus hystericus," a feeling of foreign body in the throat, pain (generally in the laryngo-tracheal region), increased mucous secretion, dry spasmodic cough, dyspnœa, feeling of oppression, disturbance of voice such as muffling, loss of resonance, and abnormal fatigue (attributed by the writer to irritation of the nerves of the part by the inflamed tissue, and not to hampering of the epiglottis by the hypertrophic mass), spasm of the œsophagus, and local hæmorrhage (apart from dilatation of the veins). Among the causes are repeated acute inflammations, probably the infectious diseases of childhood, scrofula, true tuberculosis, and syphilis (Virchow observed a "smooth atrophy" of the base of the tongue in the subjects of old syphilis). The diagnosis is effected by means of the laryngeal mirror or the probe (pain or pressure on any of the follicles, relieved by means of cocaine). The feeling of "foreign body" is sometimes rather intensified than diminished by cocaine. Sometimes the diagnosis cannot be determined without the test of treatment, but operative measures must not be instituted in the absence of marked symptoms. General treatment is directed towards such conditions as syphilis, scrofula, neurasthenia, and chlorosis. Local treatment in slight cases consists of astringent gargling (a few drops of tincture of myrrh or of rhatany in a wineglassful of water), and brushing with a glycerine solution of iodine, with or without carbolic acid (iodi 1-2, pot. iod. 2-4, glycerin. 50), nitrate of silver (5-10-20 per cent.), pyroligneous vinegar, menthol (50 per cent.), resorcin, etc.

Individual swollen follicles can be destroyed by means of fused chromic acid, solid nitrate of silver or trichloracetic acid. In more pronounced hypertrophy, the galvano-caustic point or flat burner or snare may be employed, and in suitable cases the cold snare or a special tonsillotome, with or without the superaddition of the scissors. Recurrence is frequent, but should be combated by means of iodine. Dilated veins generally disappear with the hypertrophy, and should only be cauterised when they give rise to hæmorrhage. Acute inflammation (tonsillitis pre-epiglottica acuta) may be follicular, phlegmonous, or peritonsillar, and may be primary or secondary to faucial tonsillitis. Sometimes the follicles are the seat of exudation plugs or of superficial ulcerations. The non-suppurative forms are treated like ordinary angina, with the addition of local applications, of which cocaine, antipyrin, or tolupyrin are recommended.

SKIN AND GENITO URINARY.

A. Davidson, M. D.

Inoculation of Tuberculosis from Tattooing.

In the *British Med. Jour., June 1, 1895*, three cases of this accident are reported. An invalid in the last stage of phthisis tattooed 3 lads in the forearm, using saliva to moisten the India ink. At the end of 3, 4, and 5 weeks respectively the tattooed points were still suppurating. Though pathological examination demonstrated the presence of giant cells, no bacilli were found.

Psoriasis.

Cantrell in *Ther. Gazette, June,'95*, reports 2 cases of this disease that were unaffected by the ordinary methods of treatment, which yielded to oil of copaiba in 5 min. doses t. i. d., continued for some months.

Pruritus Vulvæ.

For this troublesome and persistent affection, for which so many drugs have been prescribed, Madden (*La Med. Mod., March 9, 1895*) recommends a lotion of ten per cent. methyl-blue. In this connection, the employment of frequent washings with warm water and antiseptics are necessary. After washing, a solution of sublimate (1 to 1000) should be used, followed by the methyl-blue lotion. The same remedy should be administered in doses of 1½ grains in capsule two or three times a day. The effect is marked, but the treatment has the disadvantage of permanently discoloring the skin of the region to which it is applied.—*Ther. Gazette, June, 1895.*

Sublimate Injections.

G. Lewin (*Berl. Klin. Woch., 1895, No. 14*) concludes his remarks on this subject. As regards skin eruptions, he knows of no cases in which any serious cutaneous affection has followed the injection of soluble or insoluble mercurial preparations. Severe and even fatal skin complications have followed inunction; eczema is very common. In his method of sublimate injections 0.012 g. is injected daily, whereas insoluble preparations are injected every five to ten days. The smaller number of injections is only an illusionary advantage. With inunction patients have been known to rub in more than the prescribed amount with even serious results. With the sublimate injections the treatment may be interrupted, whether such interruption

is desirable owing to the supervention of some acute infective illnesses or to other causes. This is not so easily effected with insoluble preparations. If the syphilitic manifestations become threatening, the treatment may be forced, and the sublimate injections given even thrice daily, whereas with inunction and the injection of insoluble preparations increased absorption cannot be depended upon. The treatment with insoluble preparations is not shorter, but frequently longer. The author then discusses the subject of relapses, and the difficulties attending the estimation of relapses. Among those at present frequenting his clinic, 5 out of 120 men have had malignant relapses, and of these, 1 had been treated with sublimate injections, 3 with insoluble preparations, and 1 with potassium iodide. Among 195 women, there were also 4 such cases, and 2 had been treated with inunction, 1 with subcutaneous injections, and 1 had not been treated. The author refers to 15 recorded cases of death after the injection of insoluble preparations. He also gives details of some deaths connected with mercurial inunction, mostly due to colitis. He is of opinion that the injection of insoluble preparations should be abandoned. He knows of no case in which death followed sublimate injections.

GYNECOLOGY.

E. A. Praeger, M. D.

Diagnosis of Ureteral and Renal Diseases in Women.

In a paper read at the recent meeting of the American Medical Association (*Med. News*) Howard A. Kelly considered three methods of diagnosis: (1) inspection, (2) catheterization of the ureter, (3) catheterization of the pelvis of the kidney itself.

1. Inspection is carried out as follows: (a) The patient urinates. (b) She is placed in the knee-chest position. (c) A 10 per cent. solution of cocaine is applied to and within the urethral meatus for five minutes. (d) The orifice is dilated, when necessary, with a single conical dilator up to nine or ten (these measurements always mean millimetres in diameter). (e) A simple cylindrical vesical speculum provided with an obturator is next introduced into the bladder, and the obturator, withdrawn when the bladder at once balloons out with air. (f) The examiner uses a head mirror on his forehead, (preferably electric) held as near the sacrum as possible. (g) By turning the speculum thirty degrees to the right or left, and dropping the handle, the ureteral orifice comes into view. The inspection shows: (1) The appearance of the orifice and its surroundings. In inflammatory disease of the ureter or kidney this is often red, œdematous, puffed out, mammillated, or even slightly ulcerated. In tuberculous disease descending from the kidney the infection may be seen thickly strewed over a triangular area, with its apex at the orifice. (2) The character of the fluid seen issuing from the orifice will often settle the diagnosis and determine the plan of treatment. In cases of hæmaturia and pyelonephritis there is no difficulty in picking out the affected side, and seeing, by the clear urine issuing from the other side, that it is sound. When no discharge takes place it may be started by compressing a renal tumor bimanually. (3) The urine normally flows in intermittent jets of a clear, limpid

fluid. If one side discharges in this way and nothing comes from the other, there must be some obstructive disease. Pus accumulations, when they escape, are likely to flow in a continuous sluggish stream. It is possible to catch the urine as it escapes directly in the speculum, and take it up for a microscopical, chemical, and bacteriological investigation, without once passing a catheter into the ureter.

2. Catheterization of the Ureters.—Attention must be paid to the following details: (1) an aseptic speculum, (2) cleansing the ureteral orifice with a pledget of cotton held in Kelly's mouse-tooth forceps, (3) a sterile catheter not contaminated by handling, (4) avoidance of contamination of the catheter during introduction, (5) placing the sterilized outer end (protected up to this time with a piece of rubber tubing) in a test tube, to collect the urine as it flows from the ureter without contamination.

Kelly uses three kinds of catheters: First, and by preference, a flexible silk catheter, 30cm. long and 2mm. in diameter, which is engaged in the orifice of the ureter, and pushed in for 12 or 15 cm., and left there to drain the ureters as long as desirable; secondly, a simple straight metallic catheter, which is more likely to bruise the ureter; thirdly, a short metallic catheter, introduced entirely within the ureter and bladder, but discharging through the urethra by a fine rubber tube. Both ureters are easily drained at the same time with the flexible catheters. By noting the time the catheter is put in and taken out the rate of flow is determined; and by the chemical, microscopical and bacteriological study the relative value of the kidneys is settled. The urea estimation often differs so widely that it may be expressed by such a formula as this: Right kidney = r.; left kidney = l.; r:l::3:10::30:100.

3. Catheterization of Kidney.—For this Kelly has made renal catheters 50 cm. long, which are kept sterilised in glass tubing, and when introduced are simply drawn out of the tubing as they are pushed into the ureter. In this way he has drawn pus out of a kidney, evacuating a large renal abscess, and by reversing things he has forced in solutions and washed out the pelvis, curing a pyonephrosis.

DISEASES OF CHILDREN.

T. DAVIDSON, M. D.

Resuscitation of a New-born Child by Rhythmic Traction on the Tongue.

CAMERON, (*Montreal Med. Journal*) reports the following case of rhythmic traction on the tongue as a means of resuscitating an asphyxiated child, as first suggested by Laborde of Paris in 1893.

He was called to see Mrs. L. who was in labour. The membranes had ruptured, and both feet were in the vagina. No difficulty was experienced in delivering the body, but there was a good deal of delay in the birth of the head, the cord having ceased to beat some little time before the head was born. The child after birth was limp and cyanotic; artificial respiration, slapping, applications of heat and cold alternately, kept up for about ten minutes, failed to cause a respiratory movement, an occasional flutter, however, could be felt over the cardiac region.

Rhythmic traction on the tongue was then practised. The child being placed well over on its right side, the tongue was gently seized by a pair of Pean's forceps, and forcibly shoved back as far as possible. This was kept up at the rate of about thirty or a little more per minute. Hardly half a minute had elapsed, after beginning the traction, before the child gave an inspiration, in about half a minute a second followed; after that they became gradually more frequent, and soon the child began to cry. The child has since been perfectly well.

The Fluoride of Sodium in Infantile Tuberculosis.

The Therapeutic Gazette mentions that in a recent communication to the Academy of Medicine of Belgium, Dr. Burgois made the following summary of the conclusions which he had arrived at in his studies on this subject:

1. The purified fluoride of sodium possesses an especial action on children that are either predisposed to, or already have tuberculosis. The results obtained persist. In many cases the cure remains many years.

2. The dose which he employed varied from 1-640 to 5-64 grain per diem. It should be less the more chronic the condition.

3. As soon as the effects of the fluoride are noticed, which happens very frequently in a short time, the dose is decreased, returning to the former dose if the amelioration does not continue. This is necessary if one wishes to obtain good results.

4. In the administration of this drug to children he has never noticed any inconvenience worthy of mention. It is an inoffensive drug, which is well tolerated by children.

Spastic Rigidity.

Haushalter, (*Rev. de Med., May 10, 1895*) reports nine cases of various forms of nervous disorder in children, in which spastic rigidity was a more or less prominent symptom, either alone or in association with athetoid or choreiform movements. While recognizing the desirability of making distinct classes for congenital spastic rigidity, Friedreich's disease, and the hereditary cerebellar ataxy of Marie, he yet thinks that a series of cases could be arranged forming a transition from the one to the others. May not, he asks, a degenerative process in certain regions of the nervous system, originating at different stages of development, and associated with a congenital malformation, often hereditary, of certain parts of the nervous system—as, for instance, arrest of development of the pyramidal bundles—produce either a typical form or a transition form, according to whether it attacks one system or several at the same time? He suggests that the importance of the part played by difficult labour in the production of the conditions may have been exaggerated. Such a history is not always to be obtained; further, difficult labour is very common, while these nervous disorders are rare; moreover, spastic rigidity may come on quite late (at the age of 30 according to Bernhardt, *Virch. Arch.*, 1891, p. 59; an analogous history has been reported by Tooth, *Bart.'s Repts.*, 1892). Haushalter suggests that certain infectious diseases—syphilis, tuberculosis—or alcoholism, or consanguinity in the parents may be of more importance in the etiology.

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THE
Los Angeles Polyclinic
LOS ANGELES, CAL.
A MONTHLY JOURNAL OF MEDICINE, SURGERY AND THE ALLIED SCIENCES.

J. F. T. JENKINS, C. M., M. D., Etc.....Editor.

$1.50 per annum. Single copies, 15 cents
Advertising Rates on application.

The editor is not responsible for the views of contributors.

Address all communications to
J. F. T. JENKINS, M. D.,
Cor. Hoover St. and Clinton Ave.,
Los Angeles, Cal.

The gratifying reception accorded the initial number of this Journal encourages us in greater efforts to make each successive issue better than the preceding one. It will be our highest endeavor to make every number welcome to each of our numerous readers. The encouragement thus far received is certainly most flattering, and we know that much of our success is due to the efforts of our contributors and collaborators. We sent out sample copies to all members of the profession in this city, the seven southern counties of the State, to the leading physicians throughout the Coast, Arizona and New Mexico, and a large number to the East and Canada. We are determined to build up a large subscription list, thus making the Journal a valuable medium for the exchange of ideas in the profession, and equally valuable for the purposes of legitimate advertising. During the coming months we will present our readers with many interesting articles, which have been promised us from men prominent in the profession in different parts of the country.

Frond vs. Swell.

Actions for breach of promise to marry, while unfortunately far from being rare, are frequently amusing to those who form the audience in the courts of justice, but it is extremely unusual to find such causes giving room for evidence of a scientific or quasi-scientific nature. In the case of "Frond versus Swell," recently tried in the Queen's Bench Division of the High Court of Justice in England, the question for the jury was not so much of fact as bacteriological and medical. The evidence proved that the defendant, one Dr. Swell, met a certain pretty Miss Frond in a London store, and being pleased with her handsome appearance, he obtained an introduction, and after the lapse of a proper interval he proposed marriage and was accepted. The course of true love did not run smooth, however, not because of the presence of a mother-in-law, but rather because of the absence of that usual, much maligned, appendage of matrimony, for sad to relate the estimable and pretty young lady had lost her mother from that dread disease tuberculosis. Now it appears that Dr. Swell is a gentleman who believes in the hereditary transmission of consumption (whether he is a follower of Lawson Tait—who is an "infidel" as far as bacteriology is concerned, and who loudly protests that it is not "even a decent theory, and should be suppressed even as he would have vivisection wiped out of existence—no evidence was produced to show). So impressed was he with the dangers to his offspring from this now almost if not quite exploded theory of "heredity," that in spite of the fact that Miss Frond's physical appearance failed to show any signs of a tubercular condition or tendency, he declined to ratify his part of the contract and marry her. Hence the action for damages for his breach of promise to marry, and the empanelling

of a jury to try a question of medico-bacteriological interest. In these days, when it has become the fashion to belittle the conclusions of juries, it is satisfactory to find that the jury in this case were up to the times in the verdict they recorded; for with little delay and hesitation they found for the plaintiff, with damages which they rightly (as we think) assessed at $5,000, one thousand pounds of English money. We know men who say that "juries are always wrong;" we have said it ourselves, when they have decided against us in cases in which we have been interested; if this statement is true, then the jury in the case of Frond vs. Swell must be the exception which goes to prove the truth of the rule. We congratulate the lovely plaintiff, no less on her escape from what probably would have been a very irksome bondage, than on her acquisition of what in England is a fairly large sum of money. To be mated to such a pseudo-scientist as the defendant Swell seems to be, is not the fate to which we should care to consign our worst (female) enemy. Thus each party to the formerly existing contract may derive a useful lesson, the plaintiff that "things are seldom what they seem, and that skimmed milk masquerades as cream," and that existence with a not up-to-date doctor is not so full of glamour as at first it might appear, while the defendant should learn that when next he desires to alter his present state of single blessedness he should, if unwilling to keep abreast of medical knowledge himself, send the lady to whom he wishes to do the honor of linking himself to some competent physician so as to ascertain whether there exists any valid and truly scientific reason to suspect that his offspring will not be as healthy as he could desire. In this connection we would at the same time recommend him to submit himself to the same ordeal, not only in the interests of his possible "olive branches," but also of the lady whom he would enslave in the chains of matrimony. The perusal of this case gives us unqualified satisfaction: both of the litigants should be contented with the verdict, the jury should be congratulated on having decided in strict accordance with modern science, while we personally feel pride in the fact that there exists at all events one man, and that one of our own profession, who considers that he does owe some duty to his posterity. Who shall say hereafter, that doctors live for themselves only and have no care for the coming generation?

Extension of the Medical Curriculum.

It is a great satisfaction to the medical profession to find that the colleges of this country, with but few exceptions, are raising the standard of medical education by increasing the time of study. "Life is short and the art long." And yet, although life be short, there must, for the acquirement of a thorough knowledge of medicine, of necessity be the time to devote to its study. It is not in recent times alone that colleges have had the temerity and impertinence to foist uneducated men upon the public. Hippocrates bitterly complains of such in his day. "Medicine," he remarks, "is of all arts the most noble, but, owing to the ignorance of those who practice it, it is far behind the other arts." Galen, also, in his time, indignantly re-

proaches one Thessalus, who had proposed to limit the study of medicine to a period of six months, styling him. "*Ille impudentissimus Thessalus.*"

The period heretofore prescribed by American colleges for the study of the profession was much too limited, and is not now unnecessarily lengthened by the increase of another year. On the contrary, even now it demands a rigid economy of time in order that a satisfactory acquaintance may be made with the numerous branches of knowledge which medicine embraces. In the earliest university of a Christian character, that of Salerno, in Italy, which, as a medical school, reached its highest eminence in the twelfth and thirteenth centuries, the requirements as to time were more extended than now exist, for no student could be admitted to final examination, who did not submit proof of having studied diligently for at least seven years. Under the regulation making a fourth year compulsory, the time is sufficient, if turned to proper account by one who is possessed of a good general education. In any event it enables the student to acquire a satisfactory knowledge of the primary or preliminary branches, and the more strictly professional branches he will gain a knowledge of by experience. He will have at least laid a good foundation to build upon. It is thus only that medical men will be esteemed physicians, "not in name merely, but in reality and in effect." Much is due to the Association of American Medical Colleges in bringing about this desirable advance.

Some few months ago we picked up an evening paper which prides itself on its telegraphic news, and among the items which had been gathered by the Press Association, and sent to its subscribers in every part of the continent, was one whose headlines forced themselves on our vision:

REMARKABLE SURGICAL OPERATION,

and the paragraph under this heading went on to state that Dr. ——— of Chicago had that day performed in the presence of a large number of physicians and students an operation of extreme rarity, viz., what is known to surgeons as Ovariotomy, and that in this particular case all previous records were broken as the tumour of which Dr. ——— had relieved the patient, (whom the despatch stated to be a woman), weighed the enormous amount of 17 pounds, the heaviest tumour that had ever been removed.

The following day there was a small item, to the effect that Dr. —— reported his patient as being as well as could be expected, and that he looked for a successful result.

We thought at the time that the doctor's name had probably been taken in vain, and that this startling piece of surgical intelligence must have been given to the Press Agency by the hospital porter, or the bottle washer in the dispensing department, as we could not conceive of the doctor, (who happens to have a reputation), having so grossly misrepresented an operation of such frequency.

We are again face to face with a so-called "unusual operation", this time specially interesting to us because of its being a "local production."

We append the article, so that our readers may become familiar with this "Rather Unusual Operation at the County Hospital:"

"An operation of an unusual char-

acter in the way of skin grafting was performed at the County Hospital yesterday. While operations of this sort are occasionally performed, yet they are comparatively rare.

"A butcher named Charles Bond, about 35 years of age, had the misfortune, a few days ago, to have his right foot badly crushed under a railway car. There were no bones broken, but the flesh on the outside of the foot was much bruised.

"Bond was brought to the County Hospital, where it was deemed advisable to graft skin on to the injured member. It is stated that the lacerated flesh would probably heal without such an operation, but the result would be to draw the foot out of shape.

"Accordingly, yesterday the foot was washed in a solution of salt and water, the surface denuded of cuticle being equivalent to an area about six inches square. The calf of each leg was shaved to remove the hair, and after being washed with soap and water, was washed with the salt solution.

"Everything being in readiness, the patient was laid on an operating table in the room used for the purpose, and an anesthetic was administered. Two of the physicians working on tho operation were kept busy shaving with razors the thinnest possible slices of skin from the calves of the legs, and a third attendant was taking these patches of skin from the razors and spreading them on the grafting surface.

"Nurses and assistants aided in holding the patient in position while the somewhat tedious operation was in progress. Upon its completion the part was wrapped in oiled silk, which will not adhere to the shreds of skin when the foot has to be dressed. Outside this was wrapped in gauze, cotton and bandage linen.

"It is said the particles of skin will not thoroughly unite with the flesh on which they were applied for about ten days."

We cannot help feeling that some one, (not of course any of the staff of physicians), has been trying to hoax a very well conducted and extensively circulated paper, by passing off as new a procedure, not of sufficient gravity to entitle it to be ranked as an operation, which has been practised so long that it no longer elicits comment or surprise from any but the newest and freshest kind of a student.

Our sympathies are with the physicians who made the grafts, for we know and appreciate how very galling it is to the feelings of the strictly ethical physician to become the subject of notice in the lay press, especially when he is exposed to the ridicule of his brethren by a statement to the effect that an almost everyday occurrence is "occasionally performed, yet comparatively rare."

Physicians should take "unusual" precautions to exclude jokers from their operations, otherwise they may have to exclaim with Napoleon, "Heaven preserve me from my friends."

Antivenin; a Serum Antidote to Snake-Poison.

At the ordinary meeting of the Royal Society of Edinburgh, on June 3rd, Dr. Thomas R. Fraser, Professor of Materia Medica and of Clinical Medicine in the University of Edinburgh, whose researches into the medicinal properties of Calabar bean,

strophanthus and other poisonous drugs have already gained him a world-wide reputation as a brilliant and accurate investigator, read a paper on the rendering of animals immune against the venom of serpents, and on the antidotal properties of the blood-serum of the immunized animals. Professor Fraser opened with an historical account of the belief in the possession by human beings,—such as the Psylli of ancient, and the Aissawi of modern times,—of the power successfully to resist the poisonous effects of serpents' venom, and adverted to the further belief that venomous serpents were themselves protected against bites both of their own and of other species,—a belief which direct experiment had proved to be well founded. His experiments extended over a period of six years, and were conducted with the venom of the most deadly snakes of Asia, Australia, America and Africa, that of the Indian cobra being chiefly used. The animals employed were guinea pigs, rabbits, white rats, cats, and a horse, ("a very sedate horse"). After ascertaining the minimum lethal dose of venom for the particular animal, attempts were made to render the animals proof against the lethal dose, by administering a succession of gradually increasing non-lethal doses. At varying intervals doses were repeated and increased, and notwithstanding difficulties such gratifying results were obtained as that rabbits had received by subcutaneous injection so much as 10, 20, 30, and even 50 times the minimum lethal dose, without manifesting any obvious symptoms of poisoning; and the protection lasted for a considerable time. The animals did not lose, but rather gained in weight, and were alive and well. For example, a buck rabbit which he exhibited at the meeting, had been subjected to repeated injections of cobra poison in steadily increasing doses over a period of 150 days, during which time it had received in all enough poison to kill two horses, or 280 unprotected rabbits; notwithstanding which it had increased its weight by one-half, and was proportionately strong and active, especially as regards virile power.

He had next proceeded to collect the blood-serum of these protected animals, for the purpose of testing its antidotal powers. Specimens of dried antidotal serum (Antivenin), were exhibited. A series of experiments clearly established that the blood-serum of animals, protected in the above way against large lethal doses of venom, was able perfectly to prevent lethal doses of the venom of the most poisonous serpents from producing death in non-protected animals, and also that immunizing an animal with the venom of one kind of serpent protected it from the poison of other species. The admixture with cobra venom of 1-240 cc. of serum obtained from a rabbit immunized to 30 times the minimum lethal dose, averted a fatal result on injection of the mixture; while the injection of a similar serum half an hour after the injection of a venom which otherwise proved fatal in one hour, promptly stopped the symptoms which had already commenced, and saved the life of the animal.

Further experiments will be made with a view to testing the effect in man, and also to discover the constituents by which the antidotal effects are produced. Professor Fraser

pointed out that the object of the research was an important one especially to India, where the destruction of human life yearly by snake bite was stated to amount to the appalling total of 20,000, and where the failure of other methods of treatment had led to the introduction of a system of extermination of venomous serpents, exceedingly costly, but apparently altogether futile. His results accentuate the recent progress of serum-therapy, and are an earnest of still more wonderful discoveries yet to be made in this direction.

A. L. M.

EDITORIAL NOTES, EXTRACTS, COMMENTS AND NEWS.

Nervous Diseases and Modern Life.

"When found make a note on," said Captain Cuttle. We recently had the pleasure of reading an editorial in the *Medical News* reviewing an article by Dr. Clifford Allbutt in the *Contemporary Review*. We have long been desirous that some one in authority should deal with a subject of such great interest, and having found what we were looking for, we do not hesitate to take the hint in accordance with our opening quotation, and therefore reproduce the "leader" (which we believe can not be too widely read) of the *Medical News*, which says: "The above is the caption of a most interesting and brilliant contribution to the *Contemporary Review* by Dr. T. Clifford Allbutt, in which it is most cheering to find him vigorously opposing the prevailing impression that our nerves are going to rack and ruin under the strain of civilization. He first points out that most of those who indulge themselves on this subject are in the habit of arguing somewhat in a circle, to the effect that, firstly, nervous diseases are on the increase, therefore modern life must be injurious; and secondly, that modern life is mischievous, therefore nervous maladies must be increasing. The stock-in-trade argument in support of the first proposition is the alleged increase of 'insanity.' This Dr. Allbutt considers at some length, and concludes that the "figgers" are in reality misleading, when certain other facts are taken into account. First of all, our lists of the insane are much more complete than they could be twenty years ago, and a very much larger proportion of them are cared for in asylums of some sort; the days of the village "innocent" or the household "deficient" are over. Second, the life terms of these unfortunate creatures, no longer permitted to roam at large in all weathers and beg their food, protected against their own folly or violence, and carefully nursed and treated in illness, have been greatly prolonged, so that a much larger number of them would be living at any given time. Indeed from his own observation and his inquiries from experts, Dr. Allbutt is inclined to believe that insanity is actually on the decline, although apparently (from the causes named) on the increase. He further questions whether modern conditions are in any way responsible for the mass of our existing insanity. The greatest increase noticeable, for instance, comes from the agricultural laboring class, who are, of all others, least subject to the bustle, strain and excitement of civilized life. No class or profession can be said to be more liable to insanity than any other; indeed, some of the highest percent-

ages are to be found in the illiterate classes. History abundantly shows that possession by devils, frenzies, epidemic manias, etc., are, and have been, at least as common among savage tribes as similar mental disturbances among civilized people.

"The doctor next takes up the question of the increase of nervous diseases generally. He shrewdly opens with the remark that it is commonly alleged of nearly all chronic diseases that they are on the increase nowadays, carcinoma, heart disease and gout, for instance. Much of this he regards as due to the simple fact that, to use a Hibernicism, "more people live to die of them." Our great advances in hygiene, dietetics, quarantine, and therapeutics have greatly decreased infant mortality and the infection death rate, which, of course, leaves a larger proportion of individuals surviving to adult or middle life subject to the diseases named, "for die we must somehow," as he quaintly remarks. Then, again, we are becoming much more attentive to symptoms of disease than formerly, less inclined to resign ourselves to things, more determined to have a name and a cure for our ailments. The "patient invalid" of exemplary piety is no longer our ideal; but "our neurotics have begun, like ghosts, to walk, and we exclaim the earth is full of them." As a result of this impatient resistance, we are so much better fed, housed, exercised and treated, that the physique of all classes has been greatly improved, and particularly that of the upper and middle classes. There is a delightful ring of sturdy sense in Dr. Allbutt's protest, that most of the results attributed to "over-work" and "over-strain" are really due to the bad physical habits of the worker and senseless methods in which the work is done, such as under-feeding or overfeeding, hurried eating, stuffy rooms, insufficient air, exercise and recreation, etc., and not the work itself. We are only just beginning to know how to work intelligently. Our medical courses, even their surroundings, are a disgrace to the age, and "business-methods" are even worse. And now comes the most interesting position of the whole paper, and in our judgment the most impregnable, that the popular belief that because the greatest demands of the age fall upon the nervous system the latter is injured thereby, is entirely fallacious. On the contrary, it is strengthened and invigorated by exercise just as any other part of the organism. The whole life of civilized man is becoming so much wider and healthier and happier, that his nervous system is becoming really stronger and better balanced every year. The nineteenth century nerves are better able to bear the demands upon them than were those of the eighteenth in their time. The age is better, broader, more humane, saner in every way, mentally, morally and physically than it was a century ago. Such brutal coarseness and obscenity as Hogarth's pencil and Swift's pen sketched on every highway and parlor carpet, could hardly be found now-a-days save in Whitechapel or Five Points. Insanity is a disease of the narrow, ignorant, untrained mind, rather than of the contrary. (Farmers' wives, for instance, in this country furnish the largest female quota.)

Of course, this great development has necessarily been accompanied by a higher degree of nervous excitability. But, as Allbutt neatly puts it, "it is

the business of the nerves to be excitable.'' It is an essential part of their sensitiveness, of their fineness of organization, which alone makes all this progress possible. Fancy a poet, a violinist, a statesman, a general even, without sensitive nerves. Most of the "over excitability" of which we complain is due to *under*-exercise instead of overwork, just as a mettlesome horse becomes absolutely uncontrollable if kept too much in the stable, and frets himself into a lather when harnessed, instead of settling down to work. Just give our wailing neurotics plenty of work, of interest, of responsibility even, and their ailments and "nervousness" will in most cases disappear as by magic. Not only this, but the neurotic is often actually under-sensitive rather than the contrary, absolutely apathetic, if not mentally anesthetic, in many respects. Indeed, his excitability is not seldom due to lack of inhibition of the first impulse by some balancing sensation and motive. He is unbalanced from a deficiency, and not from an excess of "nerves." As to the senseless claim that we are fast becoming "degenerates" (the pseudo-scientific equivalent of "cranks," and like it so charmingly applicable to anybody we do not happen to approve of) under the strain, and that most of our so-called "genius" is a mild form of insanity, our authority briefly but effectively remarks that its advocates appear to have little real knowledge and no clear idea of either genius or insanity, and, he might have added, of history either, for with these charlatans it is the exception that proves their rule with a vengeance. "In the hands of these gentlemen a man of mark is not admitted into the ranks of genius unless he can show some claims to insanity; while on the other hand a streak of this malady insures for very dull dogs a welcome into the inner circle." And he closes this section with the pithy reflection, "I will not inquire where the malady may lie between the observer and the observed." In short most of our "nervousness" is really due to defective control, lack of sufficiently keen and powerful balancing impulses, to narrowness, feebleness, and one-sidedness of development, and insufficiency of work and demand, rather than to the opposite. Superficial sensitiveness is often due to absence of real depth and breadth of feeling, while through wider sympathy, deeper passion and more vigorous exercise of all our powers, come both health and what is better, progress.

"It is in the battle rather than in the fruits of victory that we find the precious extract that is the medicine for the malady of our generation."

The Keeley Cure.

There are indications that the Keeley cure is not a safe one. The application for pardon in the case of a Pennsylvania criminal was based upon affidavits from Drs. C. C. Wiley and S. Ayers, insanity experts, who say that the Keeley treatment frequently produces insanity and sometimes death. It is thought to be the use of strychnine and atropia which under certain conditions have a deleterious effect.

We are gratified to learn that Dr. H. Bert Ellis has recovered from his recent severe illness, and returned to his practice.

Dr. Lasher has returned to the city from a prolonged visit to his old home in New York.

OBITUARY.

Dr. Ephraim C. Knight.

We regret to chronicle the sad death by accident of Dr. Ephraim C. Knight. It occurred as the result of a runaway team colliding with his vehicle near the Tabernacle at Long Beach. Seeing the runaway horses dashing along in the distance, Dr. Knight drove up on the sidewalk as he supposed out of danger, but strange to say they turned in the same direction, and before he had time to change his position again they were upon him. Both the doctor and his wife were violently thrown to the ground. His skull was fractured and he was otherwise seriously injured. He expired in less than an hour, but was conscious to the last.

Mrs. Knight, though badly bruised, escaped further injury, and had the consolation of caring for him during the short interval before his death. He realized fully that the accident was fatal, and so expressed himself to the physicians in attendance. He was born in Colace, Maine, Oct. 4th, 1812. He practised medicine, after graduation, in his native State until he was forty-two years of age, when, his health having failed, he removed to Minneapolis, Minn. He remained there several years, but failing health again compelled a change. His last move was to come to California, where he has resided for thirteen years, the last eight of which he has been a resident of East Los Angeles.

Dr. Knight was in every sense an example of the Christian physician, being loved by all who knew him. For some years he has been unable to practise his profession owing to advanced age and feeble health. His loss will be felt by a large circle of friends, who deeply sympathize with his widow in her great affliction.

Dr. E. R. Palmer.

It is our painful duty to record the death of Dr. Edward Rush Palmer, Professor of Physiology in the University of Louisville, Ky., from fracture of the skull, the result of a bicycle accident. He died within an hour from the time of the accident, without regaining consciousness. Several years ago he gave up family practice and devoted himself to the specialty of genito-urinary surgery, and in 1893 became the president of the American Association of Genito-Urinary Surgeons. He was also president of the Surgical Society of Louisville, and one of its founders.

It was our privilege to listen to his lectures some twenty years ago. He was then at the commencement of his career, and he thus early gave promise of a brilliant future. As a lecturer he was eloquent, impressive and clear; as a man, he endeared himself to his students by his personal interest in them. As the writer knew him, he was a man among men, one in ten thousand. Tall, handsome, charming in his manners, interesting in conversation and poetical in his ideas. He was the central figure at every gathering, whether medical or social. His death was a sad ending to a life of usefulness and honor.

Dr. Richard S. Den.

Dr. Richard S. Den was found dead in bed at his rooms in the Baker Block about five o'clock in the afternoon of July 22nd. An autopsy revealed fatty degeneration of the heart as the cause of death. Dr. Den was well known

to all old residents of Los Angeles, and was for many years the leading practitioner here. He was born in Garandara, County Kilkenny, Ireland, in 1821. He came of an old line of ancestry dating back to the time of Henry II. He received his early education in Dublin, and then entered the city Infirmary and Leper Hospital of Waterford, remaining there for ten summer sessions. In 1839 he passed his examinations in midwifery thus receiving his first qualification to practise. The following year he completed the course, and was admitted to practise in all branches of his profession. Receiving a position as surgeon on a large ship, he came to California and was finally induced to settle in Santa Barbara. In 1866 he removed to this city, where he has since resided, practising his profession, until a few years ago, when he retired from active practise owing to the infirmities of age.

REPORTS.

Army and Navy.

Captain and Mrs. William H. Arthur, Medical Dept., U. S. A., left Vancouver Barracks this week for Governor's Island, where Capt. Arthur is to be on duty.

In the new Navy register the list of officers in the Medical Corps is considerably reduced in number, there now existing as many as twelve vacancies, due to that number of retirements or deaths during the last half year.

The issue of the new United States Army litter will commence in about six weeks. It weighs 17 pounds, and costs $3.97.

Med. Dir. A. C. Gorgas, U. S. N., who died June 29, entered the Navy as Assist. Surgeon in 1856, and attained the grade of Medical Director 1884. He was retired a few months ago.

Major Charles Smart, Surgeon, U. S. A., presided at a recent convention in New York of a number of bacteriologists from various parts of the country. A committee was appointed to bring about greater exactitude in the details of bacteriological research. At the meeting on June 22 George M. Sternberg, Surgeon General, U. S. A., read a paper on "What Shall Be the Methods Followed in Determining the Relation of Bacteria to Temperature."

Capt. M. D. McGaw, Surgeon U. S. A., is enjoying a pleasant tour of summer camp at Monterey, Cal.

U. S. Department of Agriculture.

WEATHER BUREAU.

Monthly Meteorological Summary.

Station, Los Angeles, Cal., month of July, 1895.

MEAN ATMOSPHERIC PRESSURE—29.95. Highest pressure, 30.03, date 28th. Lowest pressure, 29.86, date 8th.

MEAN TEMPERATURE, 68°. Highest temperature, 85°, date 6th; lowest temp. 54°, date 31st. Greatest daily range of temperature, 28°, date 5th. Least daily range of temperature, 13°, date 3rd. Mean temperature for the month for 17 years, 71°. Average deficiency of daily mean temperature during the month, 2.4. Accumulated deficiency of daily mean temp. since January 1, 169°. Average daily deficiency since January 1, one degree. Prevailing direction of wind, West. Total movement of wind, 23.80 miles. Maximum velocity of wind,

direction, and date, 14, west on the 31st.

TOTAL PRECIPITATION—3 inches. Average precipitation for this month for 17 years, .03. Number of clear days, 3; partly cloudy days, 28; cloudy days, 0. Date of frost, none.

GEORGE E. FRANKLIN,
Observer, Weather Bureau.

HEALTH REPORT, OF LOS ANGELES CITY.

JUNE, 1895.

POPULATION 80,000. Total deaths from all causes, 94; annual rate per 1000, 14.1.

Diphtheria, 1; typhoid fever, 2; scarlet fever, 1; cerebro-spinal meningitis, 2; tuberculosis, 13; influenza, 2; dysentery, 1; gastro-enteritis, 5; cholera infantum, 4; appendicitis, 1; asthma, 1; bronchitis, 1; pneumonitis, 4; pleuritis, 1; phthisis, 16; diseases of the brain, 8; epilepsy, 1; diseases of the heart, 5; acute Bright's disease, 2; rheumatism, 1; senility and asthenia, 1; alcoholism, 1; suicides, 3; violence and accidents, 3; tumors—malignant, 4; tumors—non-malignant, 2; other diseases, 8.

17 per cent. of the decedents had resided here less than six months, and 57.5 per cent. less than ten years.

BIRTHS AND STILL BIRTHS.

Births for June as reported to July 5th, 97; additional births for May, 15; total births reported since last return, 112; still births, 5; premature births, 3.

CONTAGIOUS DISEASES.

Total number reported, 21. Diphtheria, 12; scarlet fever, 5; typhoid fever, 3; measles, 1.

SUMMARY OF REPORT OF PLUMBING INSPECTOR E. L. BURGOIN.

Plumbing permits, 389; inspections, 975. Drain-laying permits, 98; inspections, 114.

SUMMARY OF REPORTS OF SANITARY INSPECTORS.

Written notices to connect with sewer, 124; written notices to abate nuisances, 360; verbal notices to abate nuisances, 994.

J. W. STEDDOM, M. D.,
Health Officer.

Pamphlets Received.

Protonuclein, Leucocytes and Nuclein.—A paper read before the section on Practice at the forty-sixth annual meeting of the American Medical Association, held at Baltimore, May 7th to 10th, illustrated upon the screen, showing micro-photographs of Protonuclein and its action upon the leucocytes of the blood. By Thos. D. Summers, M. A., M. D., F. S. Sc., Lond., Etc. Manufactured by Reed & Carnrick, New York.

Twenty-seventh Annual Announcement of Louisville Medical College, Session of 1895-96.—A member of the Association of American Medical Colleges.

What is a Digestive Secernent?—Sultan Drug Co., St. Louis, Mo.

The Ideal Sedative.—Peacock Chemical Co., St. Louis, Mo.

PUBLISHERS' DEPARTMENT.

Attention is called to the comparatively new product Protonuclein, manufactured by Reed & Carnrick, of New York. This enterprising firm is ever at the front in supplying the medical profession with elegant pharmaceutical preparations prepared on a scientific basis.

In an interesting little brochure descriptive of this valuable adjunct to the physicians' armamentarium it is stated that Protonuclein is based on the fact that all living beings are possessed of some property which enables them to resist poisonous influences. The toxic germs may come from the food, the water, the air, and direct

local contact. The poison-resisting property is therefore existent in the blood which circulates all over the body. The element of the blood which possesses this antitoxic property is the White Blood Corpuscle, or Leucocyte. Nuclein is the direct product of the Leucocyte. Animals possess this poison-resisting property in a far higher degree than man, being able to resist poisonous influences that would be fatal to the human organism. By preparing, therefore, Protonuclein from the lymphoid tissues of such animals when they are in the prime of their life and in perfect health, we get products which possess the antitoxic and tissue-building properties in the highest degree, far higher than the healthiest and strongest man possesses.

The Searby hospital bed pan is rapidly becoming the choice of medical men, owing to its practical utility and many advantages of construction. The patentee and manufacturer claims that it is light, capacious, convenient, cleanly and durable. This is strictly true. It is specially adapted to copious vaginal douches and very convenient for receiving rectal discharges, either with or without injections.

It should be generally known that C. Laux Co., the popular prescription and manufacturing chemists, of 142 S. Spring st., L. A., are agents for W. S. Merrill & Co. and Lloyd Bros., Cincinnati, and also agents for Fraser Triturate Co., N. Y. They carry a full line of all articles for which they are agents.

The Puritas Distilled Water of the Ice and Cold Storage Co., of Los Angeles, is becoming the drink of the people. It will accomplish more in lessening the work of the medical fraternity than anything else. It is all that is claimed for it, namely, an absolutely pure water.

We call attention to the advertisement of C. H. Kenniston & Son, agents for G. F. Harvey Co., Saratoga Springs, New York, the well known manufacturers of pills, compressed tablets, tablet triturates, hypodermic tablets, etc. Messrs. Kenniston & Son have not only built up a large business in this particular line, but have branched out with a good stock of surgical instruments.

Napa Soda, so well known in the North, is being rapidly introduced in this section by Mr. John P. Jackson, Jr. He is a good man to work this field, and it will not be long before Napa Soda is as popular here as elsewhere. We are in receipt of a copy of the San Francisco *Bulletin* of July 13th, containing an article headed "Napa Soda Springs in Summer-time Is an Earthly Paradise, Delightful Sylvan Retreats Where Crystal Springs Bubble in Sweet Melody," etc. It is in the form of a letter from Marie J. McDonald, the distinguished teacher. She says: "It is impossible to imagine anything more simple than the process by which this far-famed spring is utilized for commercial purposes. The water, charged with the natural gas, is conducted pure and unadulterated to the bottling room, where it comes in contact with the light and air for the first time, as it flows into the bottle. A thousand dozen are bottled daily, and so admirably is everything arranged that there is no noise, no bustle, and we can scarcely realize that the heart of a great mercantile enterprise is throbbing right in the centre of our ideal retreat."

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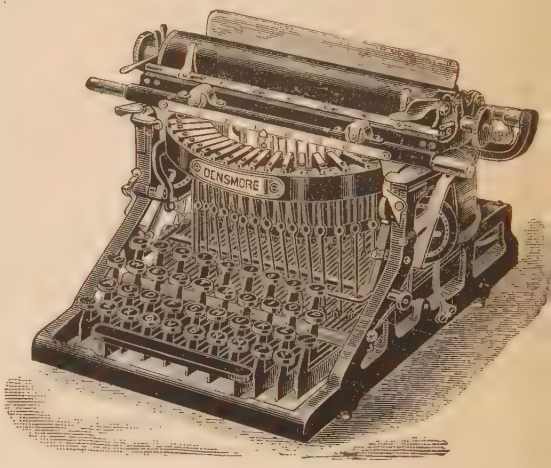

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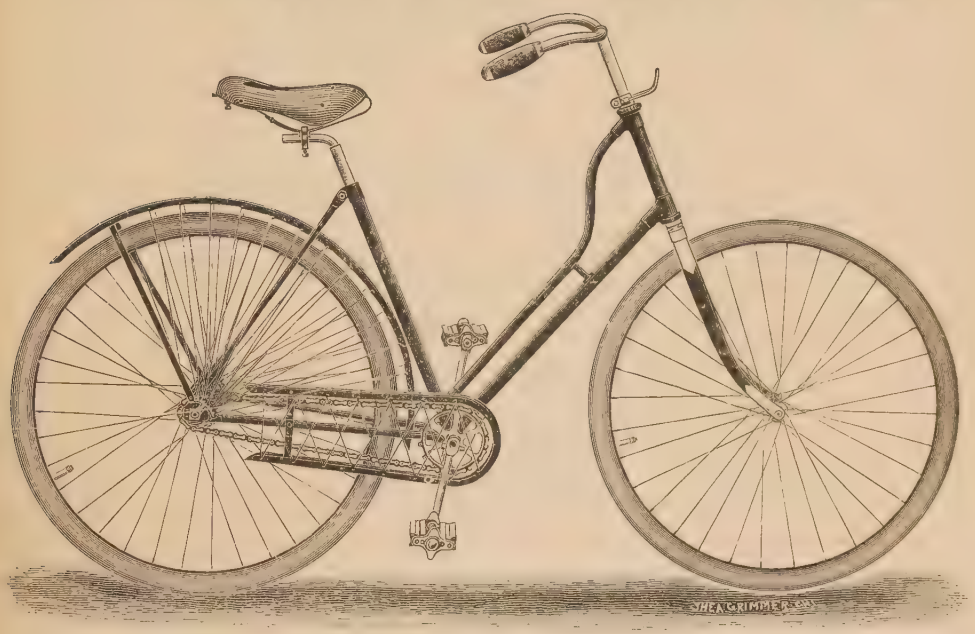

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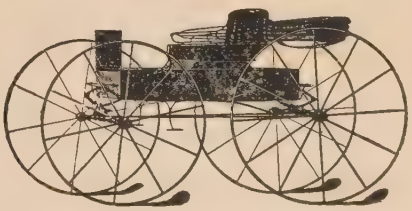

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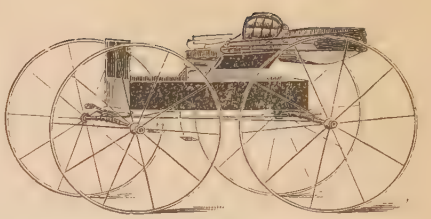

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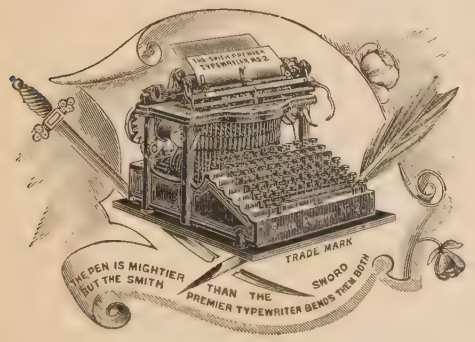

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